

State of Washington Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use	_
Fee Paid	
Date 9/8/95	

Jame MEAdow C	nest s	Paine (Home Tel:)		
Name MEAdow C Mailing Address 62 Mc	Adow CR	est Rd	Work Tel:(
City CARSON	State UA Z	ip+4 9861	10 +9999 FAX:	()_		
Section 2. CONTACT - ☐ Same as above						
Name Monte Wind	LCOX	1 11	Home Tel:(-	509)	127_	7193
City CARSON Relationship to applicant	State <u>lest</u> Z	ip+4_ <i>78 lei</i>	//O_+FAX:	()_		
Section 3. STATEMEN	T OF INT	ENT				
The applicant requests a permit to cubic feet per second) from a curpose(s) of Residential Freeze escription of the place of use. (Sestimate a maximum annual quant	Surface was some struction struction struction struction in the second struction structure struc	ter source or idences (ons.) NOTE:	A tax parcel number	or a pla	Attach t numbe	a "legal" er is not sufficient.
Check if the water use is part needed: From//				period of	time th	iat the water will b
needed: From// Section 4. WATER SOU	to		-		r time th	at the water will b
needed: From// Section 4. WATER SOU If SURFACE WATER	to		If GROUNDWAT	ER		
needed: From// Section 4. WATER SOU If SURFACE WATER Name the water source and indicate, etc. If unnamed, write "unnamed stream," etc.:	urce	, spring,	-	ER		well(s).
needed: From// Section 4. WATER SOU If SURFACE WATER Name the water source and indicate, etc. If unnamed, write "un	urce cate if stream, named spring	, spring,	If GROUNDWAT	ER		
needed: From// Section 4. WATER SOU If SURFACE WATER Name the water source and indic lake, etc. If unnamed, write "un"unnamed stream," etc.: Number of diversions: Source flows into (name of body	urce cate if stream, named spring	, spring,	If GROUNDWAT A permit is desired to size & depth of well	ER		
needed: From// Section 4. WATER SOU If SURFACE WATER Name the water source and indicate, etc. If unnamed, write "un" "unnamed stream," etc.: Number of diversions:	toto	, spring, g,"	If GROUNDWAT A permit is desired to the state of the sta	ER for (s):	or with	well(s).
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APPLICATION

ECY 040-1-14 Rev. 12/94 F

Α.	Name of system, if named: Meadow Crest Springs
B.	Briefly describe your proposed water system. (See instructions.)
	type B, Community well For 5 Residences.
C.	Do you already have any water rights or claims associated with this property or system? YES NO PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection Homes (Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	iplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:
В.	List total number of acres for other specified agricultural uses:
	UseAcres
	Use Acres Use Acres Use Acres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)
	Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? □ YES ▼ NO If yes, enter permit no:
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

	de detailed driving instructions to the project site. North Fram CARSON WA. 8 miles to the Community of
5	Approximately I mik, from left on Mantha creek re- travel South a mantha creek rd of mitter, from left on Mendow crest rd., from 15 of mike down mendow crest rd. on let
	Approximatly / mile, from Ceft on Mantha check not
-	travel south in months creek not of mite, tunn left on
	menday creek not, prems is of mile down mendow chest Rd. on let
Sec	tion 10. REQUIRED MAP
Α.	Attach a map of the project. (See instructions.)
Sec	ction 11. PROPERTY OWNERSHIP
Α.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the
	owner(s): Deemp is A community premy to Service 5 Lots/Homes.
	Lot 1 - DAVE Suther, lot 2 - Wesely Randle,
	Lot 3- Monte Wilex, Lot 425 - Richard Beeking.
	pump 'y well thuse is on Lot 1
В.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:
order and r	tify that the information above is true and accurate to the best of my knowledge. I understand that in to process my application, I grant staff from the Department of Ecology access to the site for inspection monitoring purposes. Even though I may have been assisted in the preparation of the above application by imployees of the Department of Ecology, all responsibility for the accuracy of the information rests with
Appli	cant (or authorized representative) 8/24/95 Date
- 1/1/11	to and topicoontains)
	owner for place of use (if same as applicant, write "same") Date
Lando	owner for place of use (if same as applicant, write "same") Date

We are returning your application for the following reason(s):	
Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
Section number(s) is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return y (date).	your application by

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or

APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

(360) 407-6006 (TDD).